



Building Better Neighborhoods

**COUNTY OF SAN DIEGO
DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT**

**2016-17
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
RESIDENT REQUEST**

**Request Due
5:00 p.m. Friday, October 30, 2015**

*Todd Henderson
Director*

www.sdhcd.org

Revised – 8/2015

3989 Ruffin Road • San Diego, CA • 92123-1815 • (858) 694-4824 • TDD: (866)945-2207

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
COMMUNITY RESIDENT REQUEST**



COUNTY OF SAN DIEGO – RESIDENT REQUEST
2016-17 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

PART I - RESIDENT INFORMATION

The following information is requested to assist the Department of Housing and Community Development (HCD) in evaluating your request for CDBG funding. All CDBG projects must meet one of three CDBG National Objectives, namely benefit to low- and moderate-income persons, aid in the elimination of slum or blight, or meet an urgent community need (serious natural disaster such as an earthquake, flooding, etc.). Note: eligible public services are limited to those services that directly relate to and support physical community revitalization, homeless or housing activities. In addition, all subrecipients requesting funds for programs working directly or indirectly with homeless populations will be required to participate in the Homeless Management Information System (HMIS) database effort administered by the Regional Task Force on the Homeless. Although you may not be able to fill in all the requested information, please provide as much information as possible.

Please note that if you are applying for funds on behalf of a community organization and intend to directly implement a project, you must fill out the CDBG Application for Community Organizations instead of this request form. CDBG community organization applications and resident request forms can also be downloaded from the County website at www.sdhcd.org (select 'Grant Programs and Community Partners' from 'Menu' at the top and then select 'CDBG Applications Process'). The application must be submitted to the Department of Housing and Community Development by the application deadline of **5:00 p.m. on Friday, October 30, 2015**.

NAME: (Print)_____

(Signature)_____

ADDRESS (Print):_____

PHONE:_____ DATE:_____

EMAIL:_____

CONTACT PERSON:_____ PHONE:_____
(if different from the above)

CONTACT PERSON'S EMAIL:_____

PART II - PROPOSED PROJECT

1. PROJECT LOCATION (Provide as detailed a description as possible of the project location, including street address, cross streets, and assessor parcel number. **Attach a map showing both the project location and the boundaries of the geographic area served.**):

2. PROJECT DESCRIPTION: (Describe as completely as possible the recommended project)



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3. TYPE OF ACTIVITY: (Please check only one)

- | | |
|---|---|
| <input type="checkbox"/> Public Facilities | <input type="checkbox"/> Economic Development |
| <input type="checkbox"/> Infrastructure | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Non-homeless Special Needs | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Planning/Administration | |

4. POPULATION SERVED or GEOGRAPHIC AREA BENEFITTED BY THE PROJECT: Describe the characteristics of the population to be served (i.e.; youth, seniors, persons with disabilities, etc.) and the geographic area to be benefited. Provide the number of people or households that will directly benefit from this project, the number who are low/moderate income, and the number who are residents of the unincorporated area of San Diego County. Indicate how this number was obtained or derived.

5. PROJECT NEED (Explain why the project is needed. What problem would your proposed project address? You may attach additional pages, if needed.):

6. PROJECT OBJECTIVE: Please state the project objective that most accurately describes what will be accomplished by carrying out this activity. Please select only one from the following choices:

- | | | |
|-------|-----------------------------|---|
| ___ 1 | Suitable Living Environment | (Activities that benefit communities/ families/individuals by addressing issues in their living environment) |
| ___ 2 | Decent Housing | (Housing activities that meet individual family or community needs; should not be used for activities where housing is an element of a larger effort) |
| ___ 3 | Economic Opportunity | (Activities related to economic development, commercial revitalization, and job creation) |

7. PROJECT OUTCOME: Please state the proposed project performance measurement outcome that most accurately describes what will be accomplished by carrying out this activity. Please select only one from the following choices:

- | | | |
|-------|--------------------------------|---|
| ___ 1 | Availability/
Accessibility | (Activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not only refer to physical barriers) |
| ___ 2 | Affordability | (Activities that provide affordability in a variety of ways. It can include creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or daycare) |
| ___ 3 | Sustainability | (Activities that promote livable or viable communities and neighborhoods by providing services or by reviving slums or blighted areas) |

8. TOTAL PROJECT COST (Indicate how the project cost was determined. If actual project cost is not known, provide a cost estimate, and explain what it is based on.):

9. COMMUNITY GROUPS IN SUPPORT OF THE PROJECT (Indicate the names of the community groups in support of this project):

10. CDBG REQUEST AND OTHER SOURCES OF FUNDING (If known, please specify other sources of funds, and indicate below if these are committed and when they will be available. Total project cost should equal the sum of all listed sources of funds.):



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<u>FUNDING SOURCES (if known)</u>	<u>TOTAL AMOUNT</u>
CDBG Request: (_____)	\$_____
Other Federal Sources: (_____)	\$_____
Other State/Local Sources: (_____)	\$_____
Private Sources: (_____)	\$_____
Other (Specify): (_____)	\$_____
Other (Specify): (_____)	\$_____
Total Project Cost	\$_____

11. IF APPLICABLE, INDICATE WHEN OTHER FUNDS (LISTED ABOVE) WILL BE AVAILABLE:

12. INDICATE ATTEMPTS TO SECURE FUNDS FOR THIS PROJECT FROM OTHER SOURCES:

13. GENERAL COMMENTS CONCERNING THE CDBG PROGRAM AND/OR PROJECTS:

Please attach any additional information that you feel would be helpful in reviewing this proposal.

Please submit this application by the deadline of **5 p.m. on Friday, October 30, 2015**, to: County of San Diego, Department of Housing and Community Development, Attn: Community Development, 3989 Ruffin Road, San Diego, CA 92123-1815. For more information, call the CDBG administrator at (858) 694-4802. For the deaf or hard of hearing, please call (866) 945-2207.